

Department of Health and Hospitals
Office of Public Health
Sanitarian Services
Food Related Consumer Complaint Form

Date Complaint Received	Time Received	Received By	Complaint Log #
Name of Esatblishment/Special Event	Address		Phone No.
Name of Complainant	Address		Phone No.
Nature of Complaint: <input type="checkbox"/> Illness <input type="checkbox"/> Food Contamination/Adulteration/Spoilage <input type="checkbox"/> Unsanitary Establishment <input type="checkbox"/> Other Specify			
Symptoms:			
Sanitarian's Report of Investigation:			
Food(s)	Source of Food (s)		
Sample (s) Collected (I.S.#); Attach Receipt/Results			No. of People Ill
Additional Notes:			
Date:			Sanitarian No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>